		DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH CHILD CARE FACILITY INSPECTION REPORT					
REA Regular Follow-Up Complain Investigat Other:	t	GRADE	Inspection Date:  4 / 4 / 2018  Time In/Out:  3 - 20   M   5 - 00   M  Sanitary Permit No.:	ESTABLISHMENT NAME: MARIA ARTERO CATHOLIL PRESCONNER/OPERATOR: MARIA ARTERO CATHOLIL PRE-S LOCATION: 161-A SUNSET Establishi DRIVE AGANA, HEIGHT AGANA HEIGHT	HOD \$ K CH & K/ ment Type: CCC/NI	NDER	
No. of Chik The fo	ollowing ite	ems identify as the Dep	artment indicates. Non	Child Care License: No.: 180179 / /Vajid / y in the operations and facilities which must b -compliance may result in downgrading or pe	rmit suspen	by the next	
ITEM*	PREVI	GULAR DUS 11	REM. INSPECTION W USPECTION COI	t be submitted before the indicated correction ARKS  AS CONDUCTED.  VIOUCTED ON 12/19/17 (0/A).  ERE OBSERVED.		CORRECT BY	
#21	Boy's	VATER	TER PROVIDED 'S BATHROOMS SHALL BE PR HYGIENE.		6	4/14/208	
#31	WODDE BROK All E	EN BOAR EN CA		BATHROOM STAIL \$  E IN PRE-K ROOM.  KEPT IN GOOD REPAIR	2	5/4/2018	
	PHOTOS TAKEN  "A" PLACARO NO 02366 ISSUED  PIC BRIEFED ON ABOVE.						
*Note: cited a	When ar above, the 10 days	ny of the fo ey shall be s of this ins	llowing items are corrected within pection:	Pon(s) and I am aware of the corrective me Received By (Name & Title): DEH Inspector (Name & Title): J. TAPCIA ENTO!		be taken.	

Rev: 08/2/05 DEH-06

CTAKASE EAHOI P